



National
Aeronautics and
Space
Administration

Attachment No. 1 to Order No. W - _____ Shipments F.O.B. Origin

You are hereby authorized to repay the transportation charges under the above order, provided those charges do not exceed \$100.00. Shipment shall not be by Premium Transportation or Airfreight unless otherwise specifically authorized in this order.

Insurance and registry fees will not be allowed unless specifically authorized.

The actual transportation charges, not to exceed \$100.00, shall be added to your invoice as a separate item and supported by paid freight, express, or parcel post receipts. If paid receipts in support of your invoice are not obtainable, the following certificate shall be inserted on your invoice.

I certify that these shipments have been made and transportation charges paid by me, and that paid freight, express, or parcel post receipts are not obtainable.

Destination: _____

Name of Carrier(s): _____

Weight of Shipment: _____

Transportation Charges Claimed: _____

IMPORTANT NOTICE: In the event transportation charges exceed \$100.00, contact the Transportation Officer via letter, Telex, or TWX for a Government Bill of Lading to effect shipment. Address your request to:

NASA/Goddard Space Flight Center
Code 239, Transportation Office
Greenbelt, MD 20771
Telephone: (301) 286-9555 or 9933

The request should include:

1. P.O. Number
2. Item identification/description (give NMFC item number and classification, if possible)
3. Individual and total weight
4. Individual dimensions and total cubic feet
5. Total number of pieces
6. Total dollar value
7. Other pertinent data or special instructions